

USE SEPARATE ENTRY BLANK FOR EACH OWNER  
USE SEPARATE ENTRY BLANK FOR EACH BREED

PREMISE ID# \_\_\_\_\_  
Voluntary

**Illinois State Fair**  
**OPEN AND LAND OF LINCOLN**  
**DAIRY CATTLE ENTRY BLANK**  
**Entries Must be Postmarked July 1**  
**NO REFUNDS**

Return form and fees to:  
ILLINOIS STATE FAIR, COMPETITIVE EVENTS  
P. O. BOX 19427, SPRINGFIELD, IL 62794-9427  
PHONE: 217-782-0786

DEPART- MENT	DIVISION NO.	CLASS NUMBER		NAME OF ANIMAL	REGISTRATION AND/OR TATTOO NUMBER	DATE OF BIRTH	NAME AND ADDRESS OF OWNER (As it appears on Registration Paper )
		OPEN CLASS	LAND OF LINCOLN				
				1.			
				2.			
				3.			
				4.			
				5.			
				6.			
				7.			
				8.			
				9.			
				10.			

**CONDITION OF ENTRY**

**By signing this form, I certify that I have read the contents of the Premium Book, including the section entitled Ethical Care and Exhibiting of Animals, and that I will abide by all applicable rules and guidelines contained therein, including specific rules relating to the administration of drugs to animals, as well as all other rules relating to the Illinois State Fair and the laws and regulations of the State of Illinois.**

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Exhibitor's Signature Date

\_\_\_\_\_  
County

WILL ANY OF THESE BE STALLED IN THE  
JUNIOR BUILDING? \_\_\_\_\_

IF SO, HOW MANY? \_\_\_\_\_

Dairy Cattle per head (\$15.00) \_\_\_\_\_  
Admission Passbook (13-59) each (\$60.00) \_\_\_\_\_

Auto Sticker each (\$40.00) \_\_\_\_\_

Total \_\_\_\_\_

**CHECKS PAYABLE TO: ILLINOIS STATE FAIR**

Receipt # \_\_\_\_\_

Exhibitor's # \_\_\_\_\_ ID # \_\_\_\_\_

IMPORTANT NOTICE: This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 20 ILCS 210/1-13. Failure to provide this information shall prevent this form from being processed. This form has been approved by the State Forms Management Center. In accordance with the Americans With Disabilities Act any attendee requiring a reasonable accommodation should notify us of their needs by August 1.  
IL406-0566 (Rev. 4-16)

**ALL LIVESTOCK TRUCKS, TRAILERS, & GOOSE-NECKS WILL BE  
PARKED IN THE 1/2 MILE TRACK AND WILL BE SPRAYED BY A  
MOBILE UNIT!**

_____ EXHIBITOR'S NAME (Please Type or Print)		
_____ ADDRESS, STREET OR R. F. D.		
_____ CITY	_____ STATE	_____ ZIP CODE
_____ TELEPHONE		
_____ EMAIL		
_____ SOCIAL SECURITY # OR FEIN # OF FIRM OR CORP. (ONLY NEW EXHIBITOR)		

DEPART- MENT	DIVISION NO.	CLASS NUMBER		NAME OF ANIMAL	REGISTRATION AND/OR TATTOO NUMBER	DATE OF BIRTH	NAME AND ADDRESS OF OWNER (As it appears on Registration Paper )
		OPEN CLASS	LAND OF LINCOLN				
				11.			
				12.			
				13.			
				14.			
				15.			
				16.			
				17.			
				18.			
				19.			
				20.			

Name\_\_\_\_\_ Exhibitor # \_\_\_\_\_ ID# \_\_\_\_\_ Receipt\_\_\_\_\_